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POSITION	ID NO.	DATE
CLASSIFIER	315	6-24-97
EXAMINER	313	8-20-97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1			5/8/97
2			5/8/97
3			5/8/97
4			5/8/97
5			5/8/97
6			5/8/97
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50			5/8/97

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SYMBOLS

- Requested
- Allowed
- (Through company) Granted
- Restricted
- Non-Checked
- Transferred
- Appeal
- Objected

Claim	Final	Original	Date
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